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CASE REPORT

A Case Report of Hennessey-Induced Urticaria in a Healthcare Centre in Suburban Africa

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Abstract

This case report explores the unprecedented manifestation of generalised urticaria consistently affecting specific body surfaces in a 25-year-old female patient following Hennessy consumption. The patient's medical history aligns with existing literature implicating alcohol as a potential trigger for urticarial symptoms. While the pathogenesis of mast cell activation due to alcohol remains elusive, presented findings contribute to the growing body of knowledge. The case underscores the importance of recognising alcohol as a potential aetiological factor for urticaria. This unique presentation of generalised urticaria prompts clinicians to consider alcohol-induced urticaria in their differential diagnosis. This case report contributes to the evolving understanding of urticaria pathogenesis, urging continued exploration into the complex relationship between alcohol consumption and urticarial pathogenesis.

Key words: Urticaria; Ethanol; Delivery of healthcare; Africa; Nigeria.

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Introduction

Urticaria, also known as hives, is characterised by the appearance of pruritic wheals and/or angioedema[1] which usually resolves within 24 - 48 hours. Alcohol-induced urticaria is a skin reaction characterised by the development of hives, rash, itchiness and swelling.[1, 2] The condition occurs as a result of alcohol consumption. However, existing literature indicates that alcohol-induced urticaria might not be a direct response to the alcohol itself but could be attributed to individual sensitivity or allergy to components in alcoholic beverages or alcohol metabolism products.[3] In this research paper, a maiden case report of alcohol induced urticaria in a suburban Nigerian hospital is presented.

Case history

Patient G, a 25-year-old female student affiliated with Kwara State University, Kwara, Nigeria hailing from the Yoruba ethnicity and currently residing in Nasarawa State, Nigeria, sought medical attention on Monday, 20 March 2023, at approximately 12:34 pm. The chief complaints voiced by the patient included a generalised pruritus persisting for the past three days. The pruritus, initially of mild intensity, progressed in severity, prompting her visit to the medical facility. Concurrently was repeated twice. It should be used once instead.

The patient reported a recent attendance at a nocturnal social event, during which she consumed

approximately 400 mL of Hennessy. Notably, there was no history of ingesting any other form of alcohol during the event, nor any admission of illicit drug use or smoking. Absence of fever, insect bites, exposure to chemical substances, alterations/changes in skincare products, soaps or cosmetics and no history of atopy were elucidated from the patient's medical history.

Remarkably, a similar episode occurred in February 2022, subsequent to attendance at a night party where Hennessy was again the sole alcoholic drink ingested. In this prior instance, the patient experienced generalised pruritus and rashes approximately six hours post-consumption, yet symptoms spontaneously resolved. For note, there was no family history of atopy and there was no known history of hives following the ingestion of other alcoholic brands.

During physical examination, patient was conscious and not-pale, devoid of jaundice or signs of dehydration. Vital signs were within normal limits, with a pulse rate of 82 bpm and blood pressure measuring 130/80 mm Hg. Further physical exam revealed raised, pruritic rashes distributed across both arms, both limbs, trunk, chest and back.

A diagnostic assessment identified the condition as urticaria, likely induced by Hennessy consumption. To justify this, the patient was subjected to taking a test dose of the Hennessy, after which she began her existing wheals and generalised pruritus worsened and became more disturbing.

The therapeutic plan involved counselling the patient on the diagnosis and administering intravenous hydrocortisone 100 mg stat, peroral pills: loratadine 5 mg and prednisone 5mg for 5 days. Upon the third day of treatment, the patient reported no fresh complaints, adhered to the prescribed medications and exhibited a reduction in rash intensity and pruritus. Subsequently, the decision was made to continue the oral medications. By the fifth day of treatment, patient presented with no new concerns, maintained compliance with the prescribed medications and demonstrated complete resolution of rashes with an absence of pruritus. The patient was counselled to avoid potential triggers, specifically Hennessy, as part of follow-up plan.

Discussion

Alcohol consumption, notably Hennessy, has been identified in the medical history of patient as a potential trigger for urticarial symptoms, aligning with findings reported in existing literature where incidences have been cited.[4] While acute and chronic toxicologic effects of alcohol misuse are well-documented, less familiar are adverse reactions, such as urticaria, categorised in recent studies as either immunologic or nonimmunologic responses.[4, 5]

In presented case, a distinctive feature emerged - generalised urticaria consistently affecting specific body surfaces - an unprecedented manifestation induced by alcohol consumption. The proposed mechanisms align with the threefold classification in the sample discussion: the direct action of ethanol on mast cells, allergenic potential of ethanol metabolites and activation of prostaglandin and endogenous opioid receptors.[5]

The case report is not an attempt at soiling the image of Hennessy as there is a strong likelihood that the brand consumed by patient might have been tainted or diluted with other unknown substances or could also most likely be a fake brand of Hennessy. Yet still, for the purpose of academic and clinical penmanship, it is acceptable and noteworthy that this report is known.

Conclusion

The case report serves to heighten the awareness of urticarial symptoms triggered by oral alcohol consumption. It emphasises the importance of clinicians considering alcohol as a potential etiological factor while remaining vigilant in excluding other possible causes of urticaria. This approach resonates with the caution, advocating for a comprehensive evaluation to rule out alternative contributors to the observed symptoms.

Ethics

Our institution does not require ethics approval for reporting individual cases or case series. A written informed consent for anonymised patient information to be published in this article was obtained from the patient as well as from patient's next of kin.

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Conflicts of interest

The authors declare that there is no conflict of interest.

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Data access

The data that support the findings of this study are available from the corresponding author upon reasonable individual request.

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